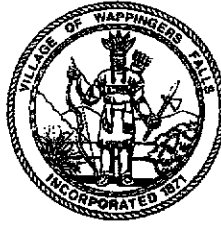


# VILLAGE OF WAPPINGERS FALLS



BUILDING INSPECTOR  
ZONING ADMINISTRATOR  
CODE ENFORCEMENT OFFICER  
JOHN J. FENTON JR.

FIRE INSPECTOR  
PLUMBING INSPECTOR  
CODE ENFORCEMENT OFFICER  
RICHARD F. TRAVIS

CODE ENFORCEMENT OFFICER  
ARMAND ALFONSO

**BUILDING DEPARTMENT  
OFFICE OF CODE ENFORCEMENT  
OFFICE OF THE FIRE INSPECTOR  
7 SPRING STREET  
WAPPINGERS FALLS, NY 12590  
(845) 297-5277  
FAX: (845) 296-0379**

MAYOR  
MATTHEW ALEXANDER  
TRUSTEES  
ROBERT MARSHALL  
JOHN VISENTIN  
RICHARD CERINO  
JOHN CHASE  
DENISE CALABRESE  
ROBERT KIRSTEIN

## **NEW COMMERCIAL BUILDING/ADDITION TO COMMERCIAL BUILDING (INCLUDING R OCCUPANCIES) PERMIT PACKAGE**

NOTE: APPLICATIONS FOR BUILDING PERMITS CANNOT BE REVIEWED UNTIL THE SUBMITTAL IS COMPLETE.  
(All items below must be submitted and fee paid.)

Applicable Codes: *2007 NYS Building, Fire, Plumbing, Mechanical and Energy Conservation Codes*

### **BUILDING PERMIT APPLICATION**

- ☐ Application must be fully completed
- ☐ Must be signed by owner or submitted with a consent form available from the office or website.

**SITE PLAN** ( Planning Board approval required for any work on Commercial property)

### **BUILDING PLANS**

- ☐ Two complete sets required. Original stamp and signature of a NYS Architect or Professional Engineer on each set.

### **CODE ANALYSIS**

- ☐ Plan review checklist forms including BC chapter 16 forms are available on the NYSDOS and the Village of Wappingers Falls Website (<http://www.WappingersFalls.ny.gov>) Must be completed by the design professional.
- NYS Existing Building Code now applies. Repair or Alteration Level I, II, or III must be specifically listed on plans.

### **SPECIAL INSPECTIONS**

- ☐ Required per the NYS Code Chapter 17. List on the plans and on a separate submittal sheet. (see the Village website for Special Inspections packet)

**ENERGY REVIEW:** See Section 104 of the NYS Energy Conservation Code for compliance documentation.

**DEPARTMENT APPROVALS:** Required BEFORE a review of the project by the Building Department.

- ☐ Water Department, if connected to a Village water system .....845-297-3716
- ☐ Highway Department, if connected to a Village sewer system.....845-297-9758 If the driveway connects to a state or county road a letter of approval for a curb cut permit must be submitted from the applicable department.
- ☐ Planning & Zoning Department.....845-297-5277 ☐ Engineering 845-297-5277
- ☐ Approved address form from Dutchess County 911 must be included.

**VILLAGE OF WAPPINGERS FALLS****BUILDING PERMIT APPLICATION # \_\_\_\_\_****7 Spring Street, Wappingers Falls, NY 12590 (845)297-5277 fax: (845)296-0379**

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUILDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUILDING SITE LOCATION: \_\_\_\_\_

(Road: Town, County, State or Private)

TAX GRID NUMBER: #06 \_\_\_\_\_

PROJECT: \_\_\_\_\_

(Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Construction of New Building                      | <input type="checkbox"/> Pool - Above Ground: size _____                                |
| <input type="checkbox"/> Demolition  | <input type="checkbox"/> Pool - In-Ground: size _____                                   |
| <input type="checkbox"/> Factory Manufactured Home                         | <input type="checkbox"/> Garage, Attached   |
| <input type="checkbox"/> Conversion - Change in Use/Occupancy              | <input type="checkbox"/> Garage, Detached   |
| <input type="checkbox"/> Alteration  | <input type="checkbox"/> Noncommercial Storage Building (shed)                          |
| <input type="checkbox"/> Addition to Existing Building                     | <input type="checkbox"/> Deck/Porch   |
| <input type="checkbox"/> Repair to Existing Structure                      | <input type="checkbox"/> Solid Fuel Heating Device (woodstove, pellet stove, fireplace) |
| <input type="checkbox"/> Oil/Gas/LP-Gas Heating or other Appliance         | <input type="checkbox"/> Tank removal/installation                                      |
| <input type="checkbox"/> Installation/Replacement of Equipment and Systems | <input type="checkbox"/> Sign   |
| <input type="checkbox"/> Installation/Extension of Electrical Systems      | <input type="checkbox"/> Other: _____   |

Size of Structure (dimensions): \_\_\_\_\_ Square Footage: \_\_\_\_\_

Height: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Number of Dwelling Units: \_\_\_\_\_

No. of Bedrooms: \_\_\_\_\_ No. of Bathrooms: \_\_\_\_\_ Finished Basement? \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_ Fire Department: ☐ SW Johnson ☐ WT Garner**Proposed Setback Minimums:**

Distance of structure from... Front Line: \_\_\_\_\_ Rear Line: \_\_\_\_\_ Left Side: \_\_\_\_\_ Right Side: \_\_\_\_\_

Road Frontage (feet): \_\_\_\_\_ Lot Area (acres): \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Planning Approval - Site Plan, Special Use, etc.   | <input type="checkbox"/> SAN 34 Form - Dept. of Health Approval          |
| <input type="checkbox"/> Village Variance (attach ZBA resolution)           | <input type="checkbox"/> Manufactured Home: Stamped and Signed Plans     |
| <input type="checkbox"/> State Variance (attach Board of Review resolution) | <input type="checkbox"/> Trusses: Stamped and Signed Plans               |
| <input type="checkbox"/> Driveway Permit - Village, Town, County, State DOT | <input type="checkbox"/> Energy Code Compliance Sheet                    |
| <input type="checkbox"/> Water/Sewer Department Approvals                   | <input type="checkbox"/> Electrical Inspection Agency: Application Filed |
| <input type="checkbox"/> Wetland  | <input type="checkbox"/> Attached Plot Plan or Survey                    |
| <input type="checkbox"/> Flood Plain  | <input type="checkbox"/> INSURANCE / WORKERS COMPENSATION                |
| <input type="checkbox"/> Statement of Special Inspections-Commercial        | ESTIMATED COST OF PROJECT: _____   |

Zoning Dept. Use: \_\_\_\_\_ Bldg. Dept. Use: \_\_\_\_\_

|                               |          |          |        |
|-------------------------------|----------|----------|--------|
| <input type="checkbox"/> FEE: | Deposit: | Balance: | Total: |
|-------------------------------|----------|----------|--------|

It is understood that authorization is hereby given for the Building Inspector/Zoning Administrator/Code Enforcement Officer to enter premises for purposes of inspection any time prior to the issuance of the Certificate of Occupancy.

All inspections are listed on Building Permit. All applications MUST be complete before review by an Inspector.

\_\_\_\_\_  
Signature (Owner, Builder, Agent)\_\_\_\_\_  
Date

## APPLICATION FOR A BUILDING PERMIT

### IMPORTANT NOTICES: READ & SIGN.

1. Work conducted pursuant to a building permit must be visually inspected by the Code Enforcement Office and must conform to the New York State Uniform Fire Prevention and Building Code, the Code of Ordinances of the Village of Wappingers Falls and all other applicable codes, rules or regulations.
2. It is the owner's responsibility to contact the Code Enforcement Office at 845-297-5277 – Monday through Friday from 9:00 a.m. to 3:30 p.m. at least 48 hours before the owner wishes to have an inspection conducted. More than one inspection may be necessary. This is especially true for "internal work" which will eventually be covered from visual inspection by additional work (i.e., electrical work later to be covered by a wall).

**DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION IF SUCH "INTERNAL WORK" HAS NOT BEEN INSPECTED.** Otherwise, work may need to be removed at the owner's or contractor's expense to conduct the interior inspection. Close coordination with the Code Enforcement Office will greatly reduce this possibility.

3. **OWNER HEREBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICE TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT, PROVIDED, HOWEVER, THAT SUCH INSPECTION(S) IS(ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).**
4. New York State law requires contractors to maintain Worker's Compensation and Disability Insurance for their employees. No permit will be issued unless currently valid Worker's compensation and Disability Insurance certificates are attached to this application or are on file with the Bureau of Fire Prevention and Inspection Services. If the contractor believes he/she is exempt from the requirements to provide Worker's Compensation and/or Disability Benefits, the contractor must complete form BP-1 attached hereto.
5. If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been issued. Section 64-9 (a) Village Code
6. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.
7. This permit does not include any privilege of encroachment in, over, under, or upon any city street or right-of-way.
8. The building permit card must be displayed so as to be visible from the street nearest to the site of the work being conducted.

I, \_\_\_\_\_, the above-named applicant, hereby attest that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under the penalty of perjury that all statements made by me on this application are true.

(Signature) \_\_\_\_\_

Date: \_\_\_\_\_

## **VILLAGE OF WAPPINGERS FALLS**

### **POLICY ON CONSTRUCTION INSPECTIONS**

Inspections are required under NYS and Village Law. The following inspections are required to be scheduled by the contractor and/or property owner at a minimum 24 hours BEFORE the inspection is needed. In some cases more time is required before an inspection takes place. (see below) Failing to schedule required inspections is a violation of Village Law and legal action may be taken against you and/or a STOP WORK ORDER issued if you fail to schedule the required inspections.

**FOOTINGS** – When the excavation for footings is completed and before footings are poured. Soil bearing tests are the responsibility of the homeowner/contractor. Must call to schedule 48 hours BEFORE pouring concrete in order to allow for corrections.

**FOOTING DRAINS** – Before backfilling foundation.

**FOUNDATION WALLS** – When the foundation forms (for poured walls) have been erected, and before any backfilling has taken place. 48 hours BEFORE pouring. Block walls may require intermittent inspections for reinforcing rods or other details that may be included on a designed plan. Also, for block walls schedule an inspection before back-filling.

**CONCRETE FLOORS & SLABS** – 48 BEFORE pouring.

**UNDERGROUND & ROUGH PLUMBING** – DWV requires an air test of 5psi or a water test (system being tested filled to at least 10 feet above that system with water), either test holding for at least 15 minutes. Water-supply required to be proved water tight under a water pressure not less than the working pressure of the system or by an air test of not less than 50 psi. Water used for testing must be from a potable source. Backflow devices require an initial inspection and test and must be inspected and tested at least annually. These devices are inspected by Third-party inspectors (contact the office for a courtesy list of inspectors or visit the NYSDOH web-site.)

**FINAL PLUMBING** – DWV fixtures must be filled and prove water tight. Water-supply and Backflow devices (see above)

**FRAMING** – When all framing has been completed and prior to the installation of any wall finishes. Inspectors will check for fire caulking and/or Fire – rated assemblies.

**INSULATION** – When insulation and vapor barrier is installed and before wall finishes.

**MECHANICAL** – Solid fuel burning heating appliances, chimneys, flues or gas vents. ANY of the previous that will be concealed in walls or by finishes must be inspected prior to those walls or finishes being applied or installed. This includes clothing dryer vents.

**FINAL** – When all work is complete and before any occupancy of building or structure. Electrical, plumbing and fire inspections must also be completed.

**NO CERTIFICATE OF OCCUPANCY** will be issued for any building permit until all required inspections have been completed and work accepted.

**Fire Inspector, Building Inspector, Code Enforcement Officers, Zoning Administrator and Plumbing Inspector can be reached at 297-5277. Electrical Inspectors are third-party inspectors and are listed below.**

### **ELECTRICAL INSPECTORS**

The following are the **ONLY** Electrical Agencies accepted by the Village of Wappingers Falls:

Atlantic Inland: Contact – Bill Jaycox (845) 876-8794

Commonwealth Electrical Inspection Agency: Contact – Ron Henry - 562-8429

New York Insp. Agency – Contact: Tom Lejeune – 373-7308

Middle Department Inspection Agency – Contact: David J. Williams – 1-800-USE-MDIA

Electrical Underwriters of NY, LLC: Contact: - Ernest C. Bello, Jr., - (845) 569-1759

Z3 Consultants, Inc.: Contact – Gary Beck - 471-9370

# Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

***\*\*This form cannot be used to waive the workers' compensation rights or obligations of any party.\*\****

**Under penalty of perjury**, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- ☐ I am performing all the work for which the building permit was issued.
- ☐ I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- ☐ I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ♦ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR
- ♦ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

\_\_\_\_\_  
(Signature of Homeowner)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Homeowner's Name Printed)

Home Telephone Number \_\_\_\_\_

Property Address that requires the building permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|  |
|--|
| Sworn to before me this _____ day of _____, _____. |
| _____<br>(County Clerk or Notary Public)           |

Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.